

09/633295

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/633295	FILING DATE					
							APPLICANT(S)						
							Amended CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17	1						67						
18		1					68						
19		1					69						
20		3					70						
21		3					71						
22		10	0	0			72						
23	1						73						
24			1		1		74						
25							75						
26				1			76						
27							77						
28							78						
29							79						
30							80						
31			1		1		81						
32				1		1	82						
33				1		1	83						
34			1		1		84						
35							85						
36				1			86						
37							87						
38				1		1	88						
39				1		1	89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3		3		TOTAL IND.						
TOTAL DEP.	9		13		9		TOTAL DEP.						
TOTAL CLAIMS	11		16		12		TOTAL CLAIMS						

PTO-1380 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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